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KENNETH M. NICOLAY
Principal

RECEIVED
AUG 29 2008
SUPERFUND DIVISION

August 28, 2008

Ms. Ina Square
Environmental Protection Agency
901 N. 5th Street
Kansas City, KS 66101

Dear Ina:

Here is the final Quarterly Report and copies of information sent to Las Vegas.

Sincerely,

KESSINGER/HUNTER & COMPANY

Kenneth M. Nicolay

KMN:elw



Society of Industrial and Office Realtors
Building Owners and Managers Association
The Institute of Real Estate Management
National Association of Industrial and Office Parks
Certified Commercial Investment Member
International Council of Shopping Centers
International Facilities Management Association

Memo

To: Ina Square, Environmental Protection Agency

From: Kenneth M. Nicolay

Date: August 28, 2008

RE: Negro Leagues Baseball Museum Abatement Project

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AUG 29 2008

SUPERFUND DIVISION

No activities at this time, because major construction activities have not yet begun on the Paseo YMCA, 1824 Paseo. The remaining abatement must be coordinated with the commencement of that construction. This is the final report.

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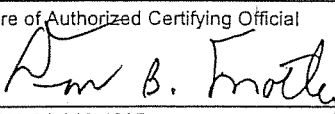
AUG 29 2008

FINANCIAL STATUS REPORT

(Short Form)

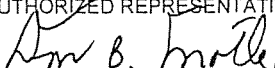
(Follow instructions on the back)

SUPERFUND DIVISION

1. Federal Agency and Organizational Element to Which Report is Submitted EPA		2. Federal Grant or Other Identifying Number Assigned By Federal Agency BF 987660-01		OMB Approval No. 0348-0038	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) Negro Leagues Baseball Museum 1616 E. 18th Street, Kansas City, MO 64108					
4. Employer Identification Number 43-1570612		5. Recipient Account Number or Identifying Number ACH Control: 77773		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year) 6/30/08		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year)	
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays			180,069	180,069	
b. Recipient share of outlays			41,262	41,262	
c. Federal share of outlays			138,807	138,807	
d. Total unliquidated obligations				0	
e. Recipient share of unliquidated obligations				0	
f. Federal share of unliquidated obligations				0	
g. Total Federal share(Sum of lines c and f)				138,807	
h. Total Federal funds authorized for this funding period				138,807	
i. Unobligated balance of Federal funds(Line h minus line g)				0	
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) Not applicable <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Unspent money is to be used for completion of asbestos abatement when construction commences.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Don Motley, Executive Director			Telephone (Area code, number and extension) 816-221-1920		
Signature of Authorized Certifying Official 			Date Report Submitted August 15, 2008		

**U.S. ENVIRONMENTAL PROTECTION AGENCY
MBE/WBE UTILIZATION UNDER FEDERAL GRANTS, COOPERATIVE
AGREEMENTS, AND INTERAGENCY AGREEMENTS**

PART 1. (Reports are required even if no procurements are made during the reporting period.)

1A. FEDERAL FISCAL YEAR 2009		1B. REPORTING PERIOD (Check ALL appropriate boxes) <input type="checkbox"/> 1 st (Oct-Dec) <input type="checkbox"/> 2 nd (Jan-Mar) <input type="checkbox"/> 3 rd (Apr-Jun) <input type="checkbox"/> 4 th (Jul-Sep) <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Check if this is the last report for the project (Project completed).																			
1C. REVISION OF A PRIOR REPORT? Y or N Year: _____ Quarter: _____ N/A		BRIEFLY DESCRIBE THE REVISIONS YOU ARE MAKING:																			
2A. EPA FINANCIAL ASSISTANCE OFFICE ADDRESS (ATTN: DBE Coordinator) Ina Square		3A. RECIPIENT NAME AND ADDRESS Negro Leagues Baseball Museum 1661 E. 18th Street Kansas City, MO 64108																			
2B. EPA DBE COORDINATOR Name: Ina Square E-mail: _____	2C. PHONE: Fax: _____	3B. RECIPIENT REPORTING CONTACT: Name: Don Motley E-mail: _____	3C. PHONE: 816-221-1920 Fax: _____																		
4A. FINANCIAL ASSISTANCE AGREEMENT ID NUMBER (SRF State Recipients, refer to Instructions for Completion of blocks 4A, 5A and 5C.)		4B. FEDERAL FINANCIAL ASSISTANCE PROGRAM TITLE or CFDA NUMBER:																			
5A. TOTAL ASSISTANCE AGREEMENT AMOUNT (SRF State Recipients, refer to Instructions for Completion of blocks 4A, 5A and 5C.) EPA Share: \$ 165,047 Recipient Share: \$ 41,262		5B. If NO procurement and NO accomplishments were made this reporting period, check and skip to Block No. 7. (Procurements are all expenditures through contract, order, purchase, lease or barter of supplies, equipment, construction, or services needed to complete Federal assistance programs. Accomplishments, in this context, are procurements made with MBEs and/or WBEs. <input checked="" type="checkbox"/>																			
5C. Total Procurement and MBE/WBE Accomplishments This Reporting Period (Only include amount not reported in any prior reporting period) Were sub-awards issued under this assistance agreement? Yes ___ No <input checked="" type="checkbox"/> Were contracts issued under this assistance agreement? Yes ___ No ___ Total Procurement Amount \$ _____ (Include total dollar values awarded by recipient, sub-recipients and SRF loan recipients.) Actual MBE/WBE Procurement Accomplished: (Include total dollar values awarded by recipient, sub-recipients, SRF loan recipients and Prime Contractors.) <table style="width:100%; border-collapse: collapse;"><thead><tr><th></th><th style="text-align: center;"><u>Construction</u></th><th style="text-align: center;"><u>Equipment</u></th><th style="text-align: center;"><u>Services</u></th><th style="text-align: center;"><u>Supplies</u></th><th style="text-align: center;"><u>Total</u></th></tr></thead><tbody><tr><td>\$MBE:</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>\$WBE:</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>					<u>Construction</u>	<u>Equipment</u>	<u>Services</u>	<u>Supplies</u>	<u>Total</u>	\$MBE:	_____	_____	_____	_____	_____	\$WBE:	_____	_____	_____	_____	_____
	<u>Construction</u>	<u>Equipment</u>	<u>Services</u>	<u>Supplies</u>	<u>Total</u>																
\$MBE:	_____	_____	_____	_____	_____																
\$WBE:	_____	_____	_____	_____	_____																
6. COMMENTS: (If no MBE/WBE procurements were accomplished during the reporting period, please explain what steps you are taking to achieve the MBE/WBE Program requirements specified in the terms and conditions of the Assistance Agreement.) 																					
7. NAME OF RECIPIENT'S AUTHORIZED REPRESENTATIVE Don Motley		TITLE Executive Director																			
8. SIGNATURE OF RECIPIENT'S AUTHORIZED REPRESENTATIVE 		DATE August 15, 2008																			

MBE/WBE PROCUREMENTS MADE DURING REPORTING PERIOD
EPA Financial Assistance Agreement Number: _____

1. Procurement Made By			2. Business Enterprise		3. \$ Value of Procurement	4. Date of Award MM/DD/YY	5. Type of Product or Services _A (Enter Code)	6. Name/Address/Phone Number of MBE/WBE Contractor or Vendor
Recipient	Sub-Recipient and/or SRF Loan Recipient	Prime	Minority	Women				
x		x			\$158,225	08/30/05	1	Kingston Environmental Services, 15450 Hangar Rd. 816-524-8811

Type of product or service codes:

1 = Construction

2 = Supplies

3 = Services

4 = Equipment

Note: Refer to Terms and conditions of your Assistance Agreement to determine the frequency of reporting. Recipients are required to submit MBE/WBE reports to EPA beginning with the Federal fiscal year quarter the recipients receive the award, continuing until the project is completed.

FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

OMB APPROVAL NO. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted

EPA

2. RECIPIENT ORGANIZATION

Name: Negro Leagues Baseball Museum

Number and Street: 1616 E. 18th Street

City, State and ZIP Code: Kansas City, MO 64108

4. Federal grant or other identification number BF 987660-01

5. Recipient's account number or identifying number 77773

6. Letter of credit number N/A

7. Last payment voucher number N/A

Give total number for this period

8. Payment Vouchers credited to your account 0

9. Treasury checks received (whether or not deposited) 0

10. PERIOD COVERED BY THIS REPORT

3. FEDERAL EMPLOYER

IDENTIFICATION NO. 43-1570612

FROM (month, day, year)

TO (month, day, year)

11. STATUS OF

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period	\$ 26,240
b. Letter of credit withdrawals	0
c. Treasury check payments	0
d. Total receipts (Sum of lines b and c)	0
e. Total cash available (Sum of lines a and d)	26,240
f. Gross disbursements	180,069
g. Federal share of program income	138,807
h. Net disbursements (Line f minus line g)	41,262
i. Adjustments of prior periods	0
j. Cash on hand end of period	\$ 26,240

12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

13. OTHER INFORMATION

a. Interest income	\$ 0
b. Advances to subgrantees or subcontractors	\$ 0

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

15.

CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.	AUTHORIZED	SIGNATURE	DATE REPORT SUBMITTED
	CERTIFYING OFFICIAL	TYPED OR PRINTED NAME AND TITLE Don Motley	TELEPHONE (Area Code, Number, Extension) 816-221-1920

THIS SPACE FOR AGENCY USE

**Negro League Baseball Museum
Former YMCA, 18th & Paseo
Kansas City, Missouri**

Environmental Remediation
Payments Distribution

3rd Quarter
21 November 2006

Report

Budget Line Item	NLBM Program Share	EPA Brownfield Grant Share	Total
Equipment			
Video Preparation	4,685	0	4,685
Supplies			
Video (DVD) Preparation, Duplication and Distribution	3,477	0	3,477
Travel			
'Brownfields 2005' Program	1,500	0	1,500
MDNR			
B/VCP Application and Project Oversight	1,000	215.09	1,215.09
Remediation Project Design	3,200	0	3,200
Remediation			
Asbestos Abatement	27,400	60,725	88,125
Aviary Wastes	0	58,080	58,080
Hazardous Materials	0	8,870	8,870
Contingency	0	1,650	1,650
Project Administrative Oversight (KH)	0	9,267	9,267
Totals Paid to Date	41,262	138,807.09	180,069.09
Budget	41,262	165,047.00	206,309.00
Balance Remaining	0	26,239.91	26,239.91

Negro League Baseball Museum						3rd Quarter Report			
Former Paseo YMCA - 18th & The Paseo - Kansas City, MO						21 November 2006			
Tabulation of Environmental Budget/Expenditures									
Budgeted Line Item	Equipment	Supplies	Travel	MDNR Oversight	Remedial Design	ACM Abatement	Aviary Wastes	Haz Mtls Remediation	Totals
Equipment									
Budget	5,000								5,000
Paid To Date	4,685								4,685
Balance Remaining	315								315
Supplies									
Budget		5,000							5,000
Paid To Date		3,477							3,477
Balance Remaining		1,523							1,523
Travel									
Budget			1,500						1,500
Paid To Date			1,500						1,500
Balance Remaining			0						0
MDNR Oversight									
Budget				3,000.00					3,000.00
Paid To Date				1,215.09					1,215.09
Balance Remaining				1,784.91					1,784.91
Remedial Design									
Budget					3,200				3,200
Paid To Date					3,200				3,200
Balance Remaining					0				0
Abatement									
Budget - Pre-Award						84,940	57,980	260	143,180
Post Award						22,530	100	8,610	31,240
Subtotal						107,470	58,080	8,870	174,420
Paid To Date						88,125	58,080	8,870	155,075
Balance Remaining						19,345	0	0	19,345
Contingency									
Budget						1,700	1,500	222	3,422
Paid To Date						850	750	50	1,650
Balance Remaining						850	750	172	1,772
Administrative Oversight (KH)									
Budget						6,500	2,750	1,517	10,767
Paid To Date						5,000	2,750	1,517	9,267
Balance Remaining						1,500	0	0	1,500
Total Balance Remaining	315	1,523	0	1,784.91	0	21,695	750	172	26,239.91